 Auburn Regional Medical Center Plaza One 202 North Division St. Auburn, Washington, 98001	Effective Date: March 01, 1991	
	Revision Date: March 04, 1999, 01/02, 04/05	
	Written/Revised By: Dale Guffey	
	Approved By:	
	Approved By:	
Policy/Procedure: AM 7.1	Approved By:	
Subject: Charity Care (Financial Assistance Program)	Page: 1 of 4	

I. POLICY:

Auburn Regional Medical Center is committed to the provision of health care services to all persons in need of Emergency medical attention regardless of ability to pay. The Medical Center will allocate resources to identify charity cases and provide charity care per WAC 246.453. Eligibility for Charity Care (Financial Assistance) will be determined regardless of the patient's race, color, sex, religion, age or national origin.

II. PURPOSE:

To ensure that all Charity Care is managed and administered in a method which is consistent and compliant with the requirements of the community under WAC 246.453.


III. PROCEDURE:

A. Notification

The ARMC Charity Care (Financial Assistance) policy will be available to the public through signage and the distribution of written material in areas where the Medical Center requests information pertaining to patient registration and payment of any patient account charges.

B. Eligibility Criteria

1. The program is generally secondary to all other financial resources Available to the patient, including group or individual medical plans, worker compensation, Medicare, Medicaid or medical assistance programs, other state, federal or military programs, third party liability payers or any other assistance in which another person or entity may have a legal responsibility to pay for the costs of medical services.
2. Criteria will include annual income, family, size and other information which may be required as part of the application process. The amount of financial assistance provided may be determined by a sliding scale which is


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based on the Federal Poverty Guidelines and updated annually, generally no later than the end of the first calendar quarter.

3. Patients whose gross income is at or below 100% of the current FPG shall be granted full relief from hospital charges, consistent with WAC 246-453-040.
4. Eligibility may also be considered in exceptional circumstances which include but are not limited to:
 - Prima facie eligibility based on information presented at the time of initial request or determination; and
 - Catastrophic care causing severe financial hardship or personal loss.

C. Initial Eligibility Determination


1. Initial determination of eligibility will be made during the preliminary patient account review and may be based on verbal or written application Charity Care (Financial Assistance).
2. The general means of determining eligibility will be through the application process.
3. The Medical Center may consider requests to provide Charity Care to an individual based on requests from physicians, social services, or other community or religious groups.
4. Patients who apply for Medicaid funding and who are determined to be Medically Indigent but have a spend down responsibility will be immediately eligible for Charity Care for the amount of the spend down applicable to charges at ARMC.

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5. Collection efforts will be abated during the time eligibility determination is being made.

D. Final Eligibility Determination

1. Charity Care may be granted based solely on the initial determination. In such cases, the Medical Center may choose not to complete the full verification process.
2. Charity Care (Financial Assistance) forms will be furnished to patients as requested or as the need is identified through financial screening and other account processing activities. Applications must be accompanied by documentation as requested on the form unless this places an unreasonable burden on the applicant such as physical, mental, intellectual or sensory deficiencies or language barriers which may hinder the ability to complete the application process.
3. Patients may be asked to provide verification of ineligibility for outside assistance programs such as Medicaid. ARMC may pursue other sources of funding prior to final determination.
4. Income will be annualized from the application dated based upon information and documentation provided. The annualization process will be determined by Auburn Regional Medical Center and will include consideration, for seasonal employment and temporary fluctuations in income.

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5. ARMC will grant or deny Charity Care (Financial Assistance) within fourteen (14) days of receipt of all documentation required in the application process.

E. Denials and Appeals

Denials will be written and include instructions for appeal or reconsideration. All appeals will be reviewed by the CFO, Director of Financial Services or designees. Decisions affirming previous denials will be in writing, sent to the patient account guarantor and copied to the Washington State Department of Health. If the denial is reversed, the patient will be declared an eligible candidate.

F. Documented and Records

All information relating to the application will be kept confidential. Supporting documentation will be kept with the application. Documents pertaining to Charity Care (Financial Assistance) will be retained for five (5) years.